

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/529201 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18	X	X				
19	X	X				
20		1				
21						
22						
23						
24		1				
25		1				
26		1				
27	X	X				
28	X	X				
29		1				
30		1				
31		1				
32		1				
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	23					
TOTAL CLAIMS	27					

IND.			
DEP.			
CLAIMS			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			